An Inaugural Dissertation

On

Malarial Drops

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Malarial Dropsy

Man, in all ages of the world, since the fall of our first parents, has been the subject of disease. In consequence thereof, the profession of medicine arose. Of necessity, many false theories, by which, unprofitable and even mischievous practice is induced. Nevertheless, there are always some watchmen on the walls who are ever vigilant for the well-being of their fellow man. And we flatter ourselves that this number are being increased every day. And that the time will come when, by the aids of the profession, many diseases, now so loathsome and painful, will only be known as historical facts of past ages. By cutting off and
Throwing from the profession all that is found hurtful or useless, it is becoming a science of almost mathematical certainty; in many respects, quite so.

But to the particular form of disease, or rather, I should say, result or symptoms of disease, to which we propose devoting a few pages. That Drophy is caused by many and very different diseases is well known to all who have thought of its causes. And that it stands boldly in the list of the Affrobria Medicorum in some of its forms more or less. Also, could be so ruinous to effect to cure Drophy caused by oblique deposit obstructing the flow of blood through the arteries and veins.
But that form of dropsy which is fully explained by our title, may be considered a curable result of disease. This form of malady is perhaps better understood in the great valley of the Nile, than in any other part of the United States. In this vast extent of densely populated country, the attention of the profession is yearly called to the treatment of Remittent and intermittent fevers. These diseases are, I believe, universally said to be caused by malarial effluvia generated in the bounds of this fertile valley. The cause of this disease, or this form of it, has long been, by many, mislocated. By the indefatigable industry and perseverance of our
Medical Philosophers, however, many facts are being brought to light, and which being thus illuminated, bids defiance to the disease and renders comfortable, many a poor sufferer, who, otherwise, would be compelled to drag out a most miserable existence. And the forms of injury to which this article is devoted, may be said to have undergone the scrutinizing search of the good and great. It was known to physicians in this Malarial District that enlargement of the spleen is almost a universal result of of Remittant or rather Intermi-

nent Givers. I believe a long spell of Intermittent relapse terminates without some physical effusion.
This being the fact, and Remillard are that, congestion of the venous radicles was necessary to its production. So its cause was at once sought for, and a very pretty theory established. Thus, that the whole system is overlaid with a net work of cellular tissue, each muscle and fiber of muscle has its particular covering of this exceedingly distensible tissue. Now as it was known that venous obstruction would produce congestion of the venous radicles. As this kind of obstruction was known to be necessary to the effusion of the serous fluid found in the cellular structure. They thus account for it. By saying that, the spleen becomes
so much enlarged as to press on
the Vena Cava ascendens and thus
the flow of blood through the vessel
is so prevented as to produce congestion in the venous radicles and
by this congestion absorption is
prevented while exhalation is eit-
er increased, or at any rate not di-
minished. And thus, serum is con-
stantly being poured out while the
veins, being already full, are wholly
unable to absorb or take up any part
of it. This we say, is a very pretty
theory if it was only true. And we
wish it was true. For, we should
be very glad indeed to know of
some office for the Spleen to per-
gom, if it is only a source of
anxiety. For us examining some
of the testimony against this useless organ and see what we can make against it. In the
first place, we, upon examination, find it situated immediately
below the Diaphragm in the left
Hyptocondriac region with the Stom
ach between it and the aorta cura
ascendens. We find also the aorta
between the aorta cura and the spleen
so that before the spleen, by any
enlargement, can press upon the
aorta cura, it must press with
such force upon the stomach as
to arrest that pressure through this
thick muscular organ before its
pressure can reach the veins, and
moreover, the relative position
to the costals of the veins, is such
that the caliber of the vein could not be reduced more than one fourth its natural size before the artery would be involved by the pressure, which is known not to be the ease in common malarial dropsy. So we set this down as proof positive that dropsy from congestion of the Vena Cava is not caused by enlargement of the Spleen.

We must then, search for the cause else where. The size, position, and vascularity of the liver at once, excite our suspicions.

And here, let us say, we take the position, that absorption and exhalation are both suspended. For if there is such an increase in size and altered condition, both
of Solids & Fluids as is represented, and as must be true. We will certainly have the elephants so press together as to close their mouths and entirely prevent the passage of any serous fluid through them. But that the fluid is exsused in a way which we propose showing after a while. Now all who are acquainted with this affection know it to be a more frequent result of remittent than intermittent disease are also known that the spleen is often much enlarged when there is no dropsical effusion, and that there is dropsical effusion when there is no, perceptible, enlargement of the spleen. The liver are found situated to the right side.
directly below the Diaphragm and extending into the epigastric and sometimes into the left Hypochondrie. It is above the Stomach to directly anterior to the vena cava ascendens. Being thus situated and an occupying muscular organ subject to much increase in size it is easy to imagine how it could press upon the veins and thus prevent the flow of blood from the extremities. This being the case the venous radicles become engorged and enlarged, their walls become very thin from distension and so altered in structure as to let the watery part of the blood pass through awhile at the same time the vessel is so full as to prevent.
The absorption of any portion of
serum that may be exterior to
them. These venous sacules being
very numerous and very closely sit-
uated to each other and the ephthalos
being situated among them and
entirely surrounded by them, we
can imagine without much effort
that their calibres is so firm
ly closed as to prevent 

ephthalation
entirely. And thus we have nei-
er absorption no ephthalation.

Still we havedraPhy, and, as we
think we can clearly see, for the
very reason of these two facts

Symptoms of DroAhy.

We suppose the patient to have been
for some time, the subject of some
MalariA form of disease, from
which he imagines himself just recovering: is able to walk about his room, finds his appetite returning, is slowly regaining strength and vigor both of body and mind. After thus congratulating himself, his mind is ill prepared for bearing up under the approaching symptoms, hence the depression of spirits so common. Then is after such an attack of malaria, disease we find our patient, after walking about his room for some time, to have swollen feet. And an increase of this symptoms every day. We may suspect that all is not well, and that very soon we shall see an unmistakable train of symptoms presenting such as hot dry skin upon one examination and at another related and throwing
off a sour unpleasant perspiration
thirst very considerable, the urine very
scanty and high colored containing a
superabundance of salts. The tongue
coated white. Much general uneasiness
of mind. The pulse very variable, some
times being tense and hard, then
again quite soft and quick. We now
find the abdomen to be enlarged to
a very considerable extent. While the
most pendulant parts are apt to be
some the subjects of much cutaneous
inflammation.

Prognosis. If upon examination
we find our patient to have laboured
under the above mentioned distress,
and feel sure that his present dyspi-
atic condition is a result of inaction
and a congested condition of the
liver our prognosis for the most part
may be favorable.

Treatment. Finding the liver in
active, congested and enlarged, our rem-
cedies should at once be directed to
that organ. Mercury in some form
so administered as to gain its con-
stitutional effect is perhaps the
very best remedy we can employ
in this condition of the organ.
The bowels being found in a torpid
constipated condition, should be
freely acted upon by such articles of
the materia medica as will not only
evacuate them of their contents, but
excite free watery discharges.
One may use small doses of blue
pill or Calomel with some diuretic
added such as powdered squill.
Should we find inflammation of any organ, the taking of a little blood every day till it subsides, if not counter indicated, would, perhaps, be the most reliable means of reduction of this troublesome symptom. And by this means, too, we prepare the system for other remedies which otherwise might not be admissible.

Perhaps the best cathartic we can administer is the Super Sulfate of Potash and Sarsaparilla, the colonel and Sawyer's powders or salt, proceeding in twelve or eighteen hours. The mercury should not be used beyond slight purgation. After producing this colon and effect, we should resort to some form of Sulphate of Mercurius. The best given three or four times
a day in five grain doses and followed the next day by the Cathartic mentioned. And thus used alternately.

If from all this we find no good effect, our attention may be turned to the kidneys. By exciting increased action in these organs much may be effected towards the relief of our patient. For this purpose, we may again resort to the Squill, Nitrate of Potash with very small portions of Colombo. If, however, the effects of the colombo begin to appear we should at once leave that article out and use the Squill & Potash, say 10 grs. of the Nitrate of Potash & 2 grs. of Squill twice or four times a day. Should all this fail there are a variety of other cin relics which may be resorted to.

(Pirimis)